

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

*A Public Document*

**GP**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
VILLAPUDUA CARLOS

**1. Office, Agency, or Court**

Agency Name  
SAN JOAQUIN COUNTY  
 Division, Board, Department, District, if applicable  
BOARD OF SUPERVISORS  
 Your Position  
SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge (Statewide Jurisdiction)
- County of SAN JOAQUIN
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual: The period covered is January 1, 2010, through December 31, 2010.  
 -or-  
 The period covered is \_\_\_\_\_ through December 31, 2010.
- Assuming Office: Date \_\_\_\_\_
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_  
 (Check one)
- The period covered is January 1, 2010, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.

**4. Schedule Summary**

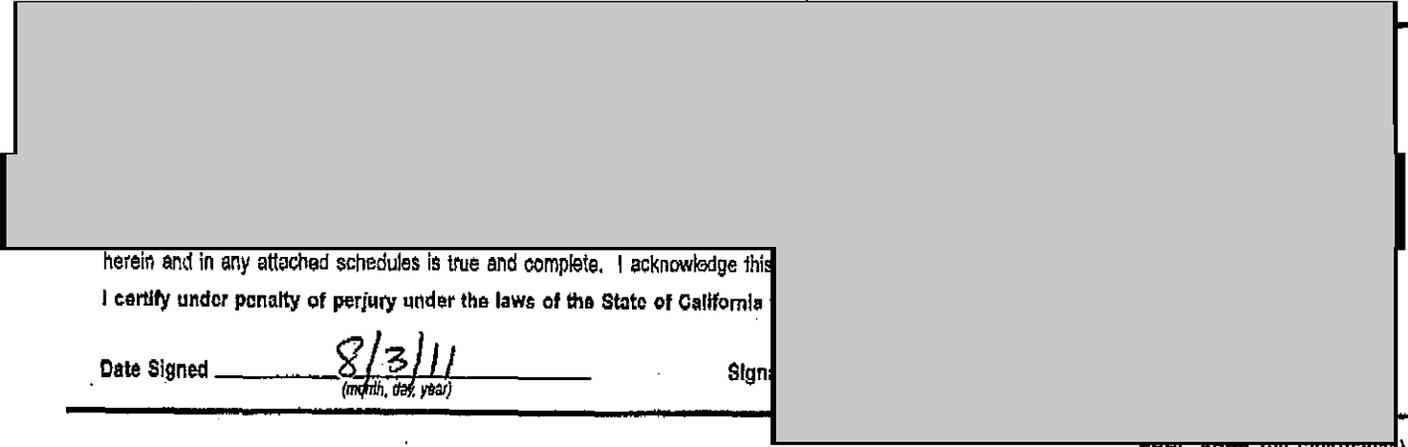
Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this  
 I certify under penalty of perjury under the laws of the State of California

Date Signed 8/3/11  
 (month, day, year)

Sign

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Winners

ADDRESS (Business Address Acceptable)  
1658 South Airport Way

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Satelite Horse track

YOUR BUSINESS POSITION  
n/a.

GROSS INCOME RECEIVED  
 \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more

Other Winner winnings  
(Describe)

Comments: \_\_\_\_\_

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  
 \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or  Rental Income, list each source of \$10,000 or more

Other \_\_\_\_\_  
(Describe)

**2. LOAN RECEIVED**

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER  
NIA

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_ %     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None     Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**Verification**

Print Name \_\_\_\_\_ Office, Agency or Court \_\_\_\_\_

Statement Type     2010/2011 Annual     \_\_\_\_\_ Annual     Assuming     Leaving     Candidate  
(37)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed \_\_\_\_\_    Signature \_\_\_\_\_  
(month, day, year)

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) REGISTRAR OF VOTERS  
VILLAPUDUA CARLOS

1. Office, Agency, or Court

Agency Name: San Joaquin County Board of Supervisors  
Division, Board, Department, District, if applicable: District 1  
Your Position: Board member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

State  Judge (Statewide Jurisdiction)  
 Multi-County  County of San Joaquin  
 City of \_\_\_\_\_  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_\_ through December 31, 2010.  
 Assuming Office: Date \_\_\_\_\_  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_\_ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."  
► Total number of pages including this cover page: \_\_\_\_\_  
 Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
 None - No reportable interests on any schedule

5 (d)(5)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
Date Signed 3-8-11 (month, day, year) Sig (d)(5) filing official.)

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

Name Carlos Villapudua

▶ NAME OF BUSINESS ENTITY n/a

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY n/a.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY n/a

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY n/a

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY n/a

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY n/a

GENERAL DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **10**      \_\_\_\_\_ / \_\_\_\_\_ / **10**  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**▶ 1. BUSINESS ENTITY OR TRUST**  
Cilantro Group  
Name  
P.O. Box 1282 Stockton, CA 95201  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Mexican-American Restaurant

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000 05/30/10 n/a/10  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Corporation  
 Other

YOUR BUSINESS POSITION President

**▶ 1. BUSINESS ENTITY OR TRUST**  
N/A  
Name  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000 ////10 ////10  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**  
n/a

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Cilantro Group  
Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Mexican-American Restaurant  
Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000 ////10 ////10  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_  Other Corporation  
Yrs. remaining \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

\_\_\_\_\_  
Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

\_\_\_\_\_  
Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000 ////10 ////10  
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_  Other \_\_\_\_\_  
Yrs. remaining \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name Carlos Villapudua

STREET ADDRESS OR PRECISE LOCATION  
1260 W. Vine St.

CITY  
Stockton, CA 9520

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
05/23/10 / / 10  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

STREET ADDRESS OR PRECISE LOCATION  
n/a

CITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 / / 10 / / 10  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
Bank of America

ADDRESS (Business Address Acceptable)  
P.O. Box 515503 Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER  
90051-6203

INTEREST RATE  
6.25 %       None

TERM (Months/Years)  
30 yr. fixed

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE  
\_\_\_\_\_ %       None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

Comments: mortgage Company



**SCHEDULE D**  
**Income - Gifts**

Name  
Carlos Villapudua

▶ NAME OF SOURCE  
Winners

ADDRESS (Business Address Acceptable)  
Stockton, CA 95206

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06, 10</u>	<u>\$ 623.00</u>	<u>winnings</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
n/a

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Carlos Villapiedra

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_